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CLAIMS ONLY							Application Number 09/390643	Filing Date
							Applicant(s)	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep						Total Indep		
Total Depend						Total Depend		
Total Claims						Total Claims		

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CLAIMS ONLY						Application Number 09/390634	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED S-2-DL		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
101	X						151		
102	X						152		
103							153		
104	X						154		
105	X						155		
106							156		
107	X						157		
108	X						158		
109	X						159		
110	X						160		
111	X						161		
112	X						162		
113	X						163		
114	X						164		
115	X						165		
116	X						166		
117	X						167		
118	X						168		
119	X						169		
120	X						170		
121	X						171		
122	X						172		
123	X						173		
124	X						174		
125	X						175		
126	X						176		
127	X						177		
128	X						178		
129	X						179		
130	X						180		
131	X						181		
132	X						182		
133	X						183		
134	X						184		
135	X						185		
136	X						186		
137	X						187		
138	X						188		
139	X						189		
140	X						190		
141	X						191		
142	X						192		
143	X						193		
144	X						194		
145	X						195		
146	X						196		
147	X						197		
148	X						198		
149	X						199		
150	X						200		
Total Indep							Total Indep		
Total Depend							Total Depend		
Total Claims							Total Claims		

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CLAIMS ONLY						Application Number 09/390,643	Filing Date					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
z 01		1					2 51	1				
z 02							2 52		1			
z 03							2 53		1			
z 04							2 54					
z 05							2 55	1				
z 06							2 56					
z 07							2 57					
z 08							2 58					
z 09							2 59					
z 10	1						2 60					
z 11							2 61					
z 12							2 62					
z 13							2 63		1			
z 14							2 64					
z 15							2 65					
z 16							2 66					
z 17							2 67					
z 18							2 68					
z 19							2 69					
z 20							2 70					
z 21							2 71					
z 22							2 72					
z 23		1					2 73					
z 24							2 74					
z 25							2 75					
z 26		1					2 76					
z 27							2 77					
z 28							2 78					
z 29							2 79					
z 30							2 80					
z 31							2 81					
z 32	1						2 82		1			
z 33							2 83					
z 34							2 84					
z 35							2 85					
z 36							2 86					
z 37							2 87					
z 38							2 88					
z 39							2 89					
z 40							2 90					
z 41							2 91					
z 42							2 92					
z 43							2 93					
z 44							2 94					
z 45							2 95					
z 46							2 96					
z 47							2 97					
z 48							2 98					
z 49							2 99					
z 50	1						300					
Total Indep							Total Indep	17				
Total Depend							Total Depend	83				
Total Claims							Total Claims	100				